



Newborn  
Screening Program

Utah Public Health Laboratories  
46 North Medical Drive  
Salt Lake City, UT 84113-1105  
Telephone: (801) 584-8400  
FAX: (801) 584-8586

PROVIDER  
PROVIDER NAME  
ADDRESS  
CITY, STATE 00000-0000

BABY	
Infant's Name:	BABY NAME
Sex:	SEX
Birth Date:	MM/DD/YYYY
Birth Record #	000A000, KIT NUMBER
Hospital MR #	#####
Mother's Name:	MOTHER'S NAME
SPECIMEN COLLECTION INFORMATION	
Type:	First, Second Specimen, etc.
Asc n Number:	(F or S, etc) #####
Date Collected:	MM/DD/YYYY from CARD
Date Received:	MM/DD/YYYY from SCAN
Date Reported:	MM/DD/YYYY from Report
Date Printed:	TODAY

### NEWBORN SCREENING RESULTS

DISORDER/TEST	DATE TESTED	RESULTS	DETERMINATION	NORMAL RANGE
<b>Biotinidase</b> <i>Enzyme Activity</i>	MM/DD/YYYY	RESULT with UNITS	ABNORMAL * <i>see note</i>	Full Enzyme Activity
<b>Congenital Adrenal Hyperplasia (CAH)</b> <i>17-Hydroxyprogesterone (17-OHP)</i>			NORMAL ABNORMAL	Based on child's birthweight
<b>MS/MS Acylcarnitine Panel</b>				
<b>MS/MS Amino Acid Panel</b> (Including PKU)				

\* Notes: BIOTINIDASE ABNORMAL means.....

This will be the new format for result reporting.  
You will be receiving the old result sheet as well as  
this new one for a time, then everything will be  
reported in this new format.

---

**A newborn screening result should not be considered diagnostic, and cannot replace the individualized evaluation and diagnosis of an infant by a well-trained, knowledgeable health care provider.**

*If you have questions regarding these results, please contact the Newborn Screening Staff at the Utah Public Health Laboratories.*